PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10692572

		CLAIMS A	S FILED	- PART										
┟╴	OTAL CLAIM		(Colun	(Column 1)		(Column 2)		SMALL ENTITY TYPE		OR	OTHER TH. OR SMALL ENT			
TOTAL CLAIMS			20	20			-	RATE	FEE	7	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.0	0 OR	BASIC FE	770.00		
TOTAL CHARGEABLE CLAIMS			≥0 minus 20=		*			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			3 minus 3 =		*			X43=	1	OR	X86=	 		
М	ULTIPLE DEPE	NDENT CLAIM F	PRESENT					+145=	1	OR				
*	f the differenc	e in column 1 is	less than a	zero, enter	"0" in	column 2	ı	TOTAL		OR	TOTAL	770		
CLAIMS AS AMENDED - PART II									L					
		(Column 1)	·	(Colum	ın 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=	·	OR	X\$18=			
AM	Independent FIRST PRESI	* ENTATION OF M	Minus	Minus *** TIPLE DEPENDENT		=		X43=		OR	X86=			
				LINDENT	CLAIM			+145=		OR	+290=			
ĺ	5	17				•	L	TOTAL		┨┈╻	TOTAL			
1		(Column 1)		(Colum	n 2)	(Calumn 2)	A	DDIT. FEE	L		ADDIT. FEE			
m		CLAIMS		HIGHE	ST	(Column 3)	_		ADDI	7 r				
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIOL PAID F	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent	<u> </u> *	Minus	***		=		X43=		1 t	X86=			
	FIRST PRESE	NTATION OF ML	JLTIPLE DEI	PENDENT (LAIM		┢		,	OR	7.00=			
·							L	+145=		OR	+290=			
							ΑD	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE			
-		(Column 1) CLAIMS		(Column		(Column 3)								
MEN	•	REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total		Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent		Minus	***		=		Y42_		<u> </u>				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X43=										OR	X86=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=			
			y contri	E. MINE O	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									
	ule mignest Nun	nder Previously Pai	d For IN THIS	S SPACE is to	ss than	20, enter "20."	ADI			OR AL	TOTAL DDIT. FEE			